

DEPARTMENT OF HEALTH SERVICES

14,744 P STREET
SACRAMENTO, CA 95814



December 31, 1986

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 86-82

SUBJECT: SSI/SSP RECIPIENTS DISCONTINUED EFFECTIVE JANUARY 1987
(LYNCH V. RANK (PICKLE) POTENTIAL ELIGIBLES)

Listing and Notices

The attached 503 Leads File Report (Attachment I) contains the names and addresses of Medi-Cal beneficiaries who will be discontinued from SSI/SSP in January 1987 due to the Title II (RSDI) cost-of-living increase. These individuals have received a notice (Attachment II) from the Department of Health Services (DHS) advising them that if they are not contacted by their local county welfare department (CWD) by February 13, 1987 they are to contact the CWD in the county in which they live. Attachment III contains the names of those CWDs who do not have any of these beneficiaries residing in their county. Attachment IV is a sample layout of the 503 Leads File Report.

Please note, the listing may include the names of some individuals whose SSI/SSP benefits were scheduled to be discontinued effective January 1, 1987 but whose benefits have been reinstated prior to that date. The notice from DHS contains a disclaimer stating "If your SSI/SSP benefits have been reinstated since January 1, 1987 please disregard this notice." These individuals must be contacted by the CWD to verify that they understood the message and that no Pickle eligibility determination is necessary.

The procedures to follow when making this contact are described in All County Welfare Directors Letter 84-57.

You will receive another copy of this listing in February, March and April 1987. Additional names will not be added to the listings, however the names of those individuals who have been reinstated on SSI/SSP, whose Pickle status has been updated, or who have been determined eligible for Medi-Cal as a Pickle eligible will be deleted. Once all the names have been deleted, your county will no longer receive a listing.

The individuals listed on Attachment I have been granted up to four months of continuing Medi-Cal eligibility (January through April 1987), pending a Pickle eligibility determination by the

All County Welfare Directors
All County Administrative Officers
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CWD. If Medi-Cal eligibility is established as a Pickle aid type, CWDs will submit updates to the Medi-Cal Eligibility Data System (MEDS), to establish ongoing eligibility. Since these records have a future term date, an EW20 transaction must be submitted as an Inter Program Transfer (IPT). The Pickle status code will automatically be updated by these transactions.

However, if a beneficiary is determined to be ineligible for Medi-Cal benefits as a Pickle aid type, CWDs are required to submit an EW60 transaction, (Modify Pickle Status Information), to MEDS, to update the Pickle status to show the beneficiary is potentially Pickle eligible. Submission of this transaction will indicate that the county has contacted the beneficiary and that he/she is not eligible for Medi-Cal as a Pickle aid type at this time. In this instance only, the update of the Pickle status by an EW60 will cause renewal to terminate the beneficiary's Medi-Cal eligibility effective the end of that month.

Due to the continuing reporting requirements resulting from the Lynch v. Rank court order and the need for accountability for this program, at both the state and county level, it is necessary at this time that each county designate a permanent Pickle contact person. This should be the person responsible for the day-to-day maintenance of the program. Please report the name, address and telephone number of this person to Kristi Banion - DHS, 714 P Street, Room 1692, Sacramento, CA 95814; (916) 324-4961 no later than January 26, 1987.

Thank you for your assistance. Any policy questions should be directed to Kristi Banion at (916) 324-4961, ATSS 454-4961. MEDS questions should be directed to your State MEDS liaison.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment I to Medi-Cal
Policy Liaisons Only

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: December 31, 1987

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

December 30, 1986

TO: Medi-Cal Beneficiaries Discontinued From SSI/SSP on
January 1, 1987

RE: CONTINUED MEDI-CAL BENEFITS

You were recently notified by the Social Security Administration (SSA) that your SSI/SSP (gold check) was discontinued. That notice also instructed you to contact your county welfare department within 30 days if you wanted your Medi-Cal benefits to continue. You should disregard the information contained in that notice that pertained to your Medi-Cal benefits.

The reason your SSI/SSP gold checks were discontinued is that you received an increase in your Social Security benefits (green check). Although this increase makes you ineligible for your SSI/SSP gold check, you will continue to receive Medi-Cal benefits until your county welfare department notifies you otherwise.

If you do not hear from your county welfare department by February 15 or if you have any questions about your Medi-Cal benefits, you should contact the county welfare department for the county in which you live. To assist you, we have attached to this letter a list of the addresses and telephone numbers of all county welfare departments.

If you have already been in contact with the county welfare department and you know that your application for Medi-Cal has been processed or is being processed, follow the instructions that the county provided at the time of your interview. There is no need for you to contact them again, unless requested to do so by the county, or if you are in doubt as to your Medi-Cal status.

If your SSI/SSP benefits have been reinstated since January 1, 1987, please disregard this notice.

ATTACHMENT III

THE FOLLOWING COUNTIES DID NOT HAVE ANY RESIDENTS
LISTED ON THE 503 LEADS TAPE FOR DECEMBER 1986

01	Alameda	27	Monterey
02	Alpine	28	Napa
03	Amador	29	Nevada
04	Butte	31	Placer
05	Calaveras	32	Plumas
06	Colusa	35	San Benito
07	Contra Costa	38	San Francisco
08	Del Norte	39	San Joaquin
09	El Dorado	42	Santa Barbara
10	Fresno	43	Santa Clara
11	Glenn	44	Santa Cruz
12	Humboldt	45	Shasta
13	Imperial	46	Sierra
14	Inyo	47	Siskiyou
15	Kern	48	Solano
16	Kings	49	Sonoma
17	Lake	50	Stanislaus
18	Lassen	52	Tehama
20	Madera	53	Trinity
21	Marin	54	Tulare
22	Mariposa	55	Tuolumne
24	Merced	56	Ventura
25	Modoc	58	Yuba
26	Mono		

MEDI-CAL ELIGIBILITY DATA SYSTEMS		DEPARTMENT OF HEALTH		COUNTY		P.	
REPORT DATE 99/99/99		TITLE 503 LEADS FILE REPORT		DISTRICT 999		WORKER 9999	
CASE-NAME	COUNTY-ID	MEDS-ID	BIRTHDATE	SEX	ELIG-STATUS		
last name	first		mm/dd/yy	x	999		
address line 1							
address line 2							
address line 3	zip						
CASE-NAME	COUNTY-ID	MEDS-ID	BIRTHDATE	SEX	ELIG-STATUS		
last name	first		mm/dd/yy	x	999		
address line 1							
address line 2							
address line 3	zip						
CASE-NAME	COUNTY-ID	MEDS-ID	BIRTHDATE	SEX	ELIG-STATUS		
last name	first		mm/dd/yy	x	999		
address line 1							
address line 2							
address line 3	zip						
CASE-NAME	COUNTY-ID	MEDS-ID	BIRTHDATE	SEX	ELIG-STATUS		
last name	first		mm/dd/yy	x	999		
address line 1							
address line 2							
address line 3	zip						